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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/537,719			ing Date 11/2006	☐ To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
FOR			NUMBER FI	LED NU	IMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A			N/A	300	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mir	nus 20 = *		1	x \$ = 1		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ = 1		1	X S =		
	APPLICATION SIZE 37 CFR 1.16(s))	FEE she	ets of pap 250 (\$125 litional 50	ation and drawings exceed 100 er, the application size fee due for small entity) for each sheets or fraction thereof. See a)(1)(G) and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						1						
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL	300	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAMS HIGHEST												
AMENDMENT	03/22/2011	REMAINING AFTER AMENDMEN		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 6	Minus	·· 20	= 0	l	x s =		OR	X S52=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	ı	X \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))								_			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,15()))		Minus		-		X \$ =		OR	xs =		
Q.	Independent (37 CFR 1 16(h))		Minus	***	-	ı	x s =		OR	xs =		
틸	Application Size Fee (37 CFR 1.16(s))					ı						
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i))								OR			
									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. The Thighest Number Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1. The Thighest Number Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is required by 37 CFR 11.6. The information is required to delian or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 39 cycered by 38 cycered by 38 CFR 11.6. This collection is estimated to take 12 nimulates to complete, including gathering, preparing, and submitting the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CFR Information CFR U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22319.4. Bob. D.O. NOT ISSO, JASSA 22319.1. BOX TO COMMISSON TO CO